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IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF TENNESSEE

APR 18 2022

of four a good to product at US DISTRICT COURT MID DIST TENN AND THE WAY OF MY SKING WAY morning of AND THE WE AND HISMEDIAN Case Number (1967) 1997 AGEN/ Plaintiff(s), of Al. Judge Aleta A. TRAUGER CORRECT CARD COLUMN AND SEED (S)

Defendant(s). Magistrate Judge () MOTION TO AMENDATHE SUPPARE CIPID NEW SUPPLEMENTAL STREET WITH THE COUPTS LEAVI 15 (Type of Pleading) (15 (A) (1) (A) (B), 15 (1) (A), 15 (B) (1), 15 (B) Comes Mart the plaintills with reasonable notice to the Court to not Leave to Amend the suit Pleadings and OF MIS LEGAL ROBESTANDANCES WHO FILED SUITS ASSISSING TO THE PROPERTY OF THE PROPERTY ASSISSING THE PROPERTY OF THE PROPERTY FROM 2015 NATION OF COMME ORDER THE CONFERN COMPLY LAVEF AND HIS CON OVERS TO REMOVE AN SEXUAL IMAGES OF BECAUSE THESE IMPGES WERE NOT PART OF CRIME And have the images given to MARRIE IN colons of MOTION TO HAVE THE COURT ORDER THE PRICES OFFICE CLASSIFICATION DIRECTOR NEMOVE A Ncompatable inmates 4187 potion lotter File, and ALLTHE PLAINTIFFS FIZINGS TE COURT MECHUSE THE BEFFIRE AFFERST YODOSO CHALLA CONTRA mil * MOTION TO PLEAD SUPPLEMENTAL PLEADINGS WITH HIE SUDDLEMENT as from 2015 up until today letropolitaN

Federal Rules of Civil Procedure-Rules 15(c)(1)(A),(B),(C), And 15(d) - continued AN AMENDMENT RELATES BACK. he prejudiced in Notice, the court may, on just terms, permit a par pleading setting out any transaction, occurrance, o e date of the pleading to be supplemented supplementation even though the original pleading is effective 12-1-1991; Amended by Aub. L. 102-198, 511, 12-9-1991, 105 Stat. 4-22-1993, effective 12-1-1993; 4-30-2007, effective 12-1-2007; 3-26-2009, effective 12-1-2009

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF TENNESSEE DIVICION

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APR 18 2027

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	US DISTRICT MID DIST T
Plaintiff/Petitioner)	Civil Action No. 3:22: c v · 00221
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Defendant/Respondent	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form - FOR PRISONERS ONLY)

IMPORTANT NOTE FOR ALL PRISONER APPLICANTS: Your Application must be signed where indicated by an officer at the institution where you are confined verifying the amount of money you have on deposit at that institution. The officer's signature must be notarized in accordance with Administrative Order No. 93,

IN ADDITION, unless you are filing a petition for habeas corpus under 28 U.S.C. §§ 2241, 2254, or 2255, YOU MUST SUBMIT A CERTIFIED COPY OF YOUR TRUST FUND ACCOUNT STATEMENT (OR INSTITUTIONAL EQUIVALENT) FOR THE 6-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF YOUR COMPLAINT OR NOTICE OF APPEAL, OBTAINED FROM THE APPROPRIATE OFFICIAL OF EACH PRISON AT WHICH YOU ARE OR WERE CONFINED.

I declare under penalty of perjury that I am a plaintiff or petitioner in this case; I believe I am entitled to the relief requested; and I am unable to pay the costs of these proceedings.

	I am employed at the institution in the institution is pecify pay period)				\$ <u>0''-</u>
3. O apply	ther Income. In the past 12 more):	nths, I have received	income from the	following sources	(check all that
(a) B	usiness, profession, or other se	lf-employment	Yes	No	
	ent payments, interest, or divid		Yes	No	
	ension, annuity, or life insurance		Yes	No	
	isability, or worker's compensation	ation payments	Yes	No	
	ifts, or inheritances 1y other sources		Yes Yes	No	
TC					
ıj you	answered "Yes" to any question and what that you received and what	on above, aescribe b	elow or on separe	ate pages each sout	rce of money an

4. Total amount of money that I have	in cash or in all checking and savings accounts:
	bonds, securities, trusts, jewelry, art work, and other financial ading any item of value held in someone else's name (describe the
6. All housing, transportation, utilities, let the amount of the monthly expense):	oan payments, and other regular monthly expenses (describe and provide
7. Names (or, if under 18, initials only) with each person, and how much I contribute to t	of all persons who are dependent on me for support, my relationship their support:
8. All debts and financial obligations (de	escribe the amounts owed and to whom they are payable):
Declaration: I declare under penalty of particles false statement may result in a dismissal of my clarate:	perjury that the above information is true, and I understand that a aims. Applicant's signature
•	Applicant's signature Printed name
	CERTIFICATE N OR APPROPRIATE OFFICER OF INSTITUTION
I, Walter Rolinson, being a acility] certify that inmate Vaughn Ha	n authorized staff member for DCSO [name of SCIS] has the total sum of \$0.00 in his trust fund this inmate's trust fund average balance for the past six months has Signature of Authorized Officer at the Institution
worn and subscribed before me this the day of	STATE OF TENNESSEE NOTARY PUBLIC OF PUBLIC OF STATE OF TENNESSEE NOTARY PUBLIC OF TENNESS ON EXPIRES NOTARIAN OF THE PUBLIC OF T